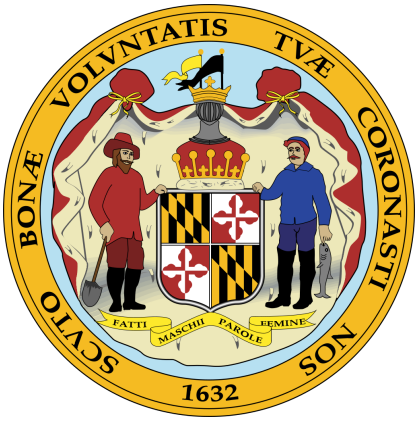


Inter-Agency Heroin and Opioid Coordinating Council

Racial Disparities in Overdose Task Force

Policy and Programmatic Recommendations for Addressing Widening Disparities in Overdose Outcomes among Black Marylanders

Released: October 25, 2022

Table of Contents

Executive Summary

To respond to accelerating rates of overdose death among Black Marylanders, Lt. Governor Boyd K. Rutherford created the Racial Disparities on Overdose Task Force (RDOTF) in 2021 as an extension of the Inter-agency Heroin and Opioid Coordinating Council (IACC). The Task Force was chaired by Dr. Aliya Jones, former Deputy Secretary for the Behavioral Health Administration (BHA) at the Maryland Department of Health (MDH), with additional members representing state government, non-profit organizations, and advocacy groups.

The RDOTF met bimonthly between February 2021 and May 2022 with the mission of investigating the contributing factors related to increasing overdose deaths among Black Marylanders and recommending solutions to reduce racial disparities in overdose outcomes.

Task Force Membership

- Carmi Washington-Flood, MDH Office of Faith Based and Community Partnerships
- Megan Renfrew, Health Services Cost Review Commission
- Augustin Ntabaganyimana, Maryland Department of Human Services
- Danielle Meister, Maryland Department of Housing and Community Development
- Dr. Kim Sydnor, Morgan State University
- Dr. Denis Antoine, Johns Hopkins Health System
- Crista Taylor, Behavioral Health Systems Baltimore
- Dr. Billina Shaw, Prince George's County Health Department
- Patrick Musselman, Prince George's County Police Department
- Brandon Floyd, Maryland Hospital Association
- Carlos Hardy, Dee's Place Recovery and Wellness Center
- Teron Powell, Silverman Treatment Solutions, LLC

Goals

The RDOTF identified four overarching goals to support its mission:

1. Identify focused, data-informed programs and policies, and to seek innovative solutions that can reduce the disparity in overdose fatalities experienced by Black Marylanders. A central consideration of this goal was acknowledging that overdose rates among Black Marylanders have increased despite ongoing statewide interventions and despite decreases in fatal overdoses among white Marylanders.

2. Incorporate voices and insights from Maryland's Black communities into recommendations for interventions targeting the disparity in overdose outcomes and to consider the structural determinants of drug use.

3. Determine how to increase acceptance of evidence-based treatments for opioid use disorder (OUD), such as medications for opioid use disorder (MOUD) like methadone, buprenorphine and long-acting naltrexone, in affected communities using culturally appropriate strategies.

4. Ensure equitable allocation of resources to combat the opioid crisis.

Workgroups

To advance this work, the RDOTF established four supporting workgroups to evaluate the factors driving disparities in overdose deaths. The workgroups were organized by four overarching goals:

- Work Group 1: Identify Data-Informed Interventions
- Work Group 2: Consider Community Voices & Insights
- Work Group 3: Promote Evidence-Based Treatments
- Work Group 4: Ensure Equitable Resource Allocation

The workgroups generated 20 recommendations to address the overarching goals. The participants were asked to sort the recommendations by feasibility and impact. The highest-ranking recommendations are presented below.

Policy Recommendations Overview

Expand Low-Barrier & Holistic Access to Treatment Services

Increase Buprenorphine Access for Black Marylanders with Opioid Use Disorder

- Invest in low-barrier buprenorphine access for Black Marylanders with OUD
- Identify opportunities to increase the provision of other somatic healthcare through harm-reduction outlets, such as syringe services programs (SSPs)
- Increase comfort with MOUD prescribing by investigating barriers for physicians
- Ensure that pharmacies are adequately stocked with buprenorphine

Expand Trauma Informed Care

- Promote Trauma Informed Care for people who use drugs through Adverse Childhood Experiences (ACEs) organizational assessment and trauma screenings

Reduce Stigma for People who Use Drugs

Reduce Stigma Surrounding SUD among Healthcare Providers

- Promote training on destigmatizing language for healthcare providers
- Promote adoption of person-centered language
- Promote wide-scale adoption of implicit bias training and National Culturally and Linguistically Appropriate Services (CLAS) Standards among healthcare practitioners

Leverage Individuals with Lived Experience as Credible Messengers in Key Settings

- Place individuals with lived experience with SUD in key settings

Increase Meaningful Engagement with People with Lived Experience

- Increase efforts to solicit community feedback

Increase Harm Reduction in Non-Traditional Settings

Expand the Provision of Harm-Reduction Services in Criminal Justice Settings

- Increase the provision of harm-reduction services in drug courts

Street-Based Harm Reduction Outreach

- Promote street-based outreach efforts by trusted community members to ensure supplies reach individuals at greatest risk of overdose

Embrace Innovative Mechanisms to Reach People with Harm-Reduction Supplies

- Place harm-reduction vending machines in locations where there is a high prevalence of drug use
- Increase the provision of wraparound services through harm-reduction programs
- Continue to assess other innovative harm reduction methods that can help reduce morbidity and mortality

Increase Transparency in State & Local Resource Allocation

Impact Statement on How Funding Will Address Racial Disparities

- Require impact statements that consider demographic information for grant applications
- Assess fund distribution by demographic impact

Designate Equity Coordinators

- Utilize equity coordinators to inform high-level strategy

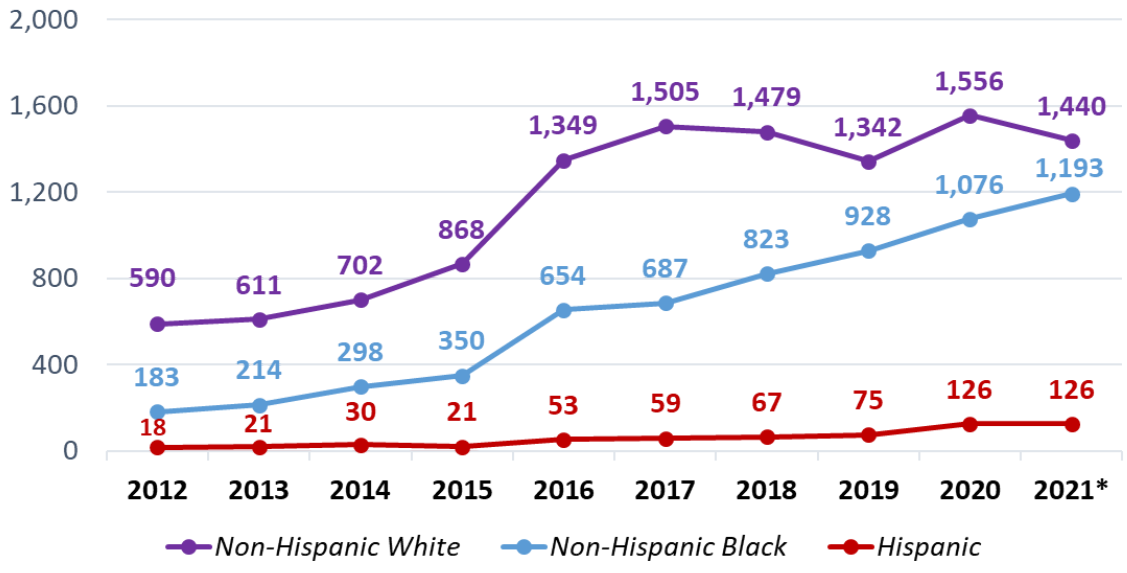
Improve Data Collection by Race/Ethnicity

- Expand the collection and analysis of demographic data
- Share demographic data with local partners

Background Data

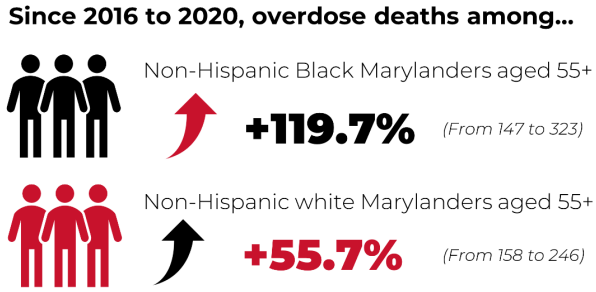
Overdose deaths among Black Marylanders have increased steadily over the last decade. Following the increased presence of fentanyl in the supply of illicit drugs, overdose fatalities increased sharply among all demographic groups. However, since 2017, overdose fatalities began decreasing among non-Hispanic white Marylanders while steadily increasing among non-Hispanic Black Marylanders.

Figure 1. Fatal Overdoses by Race/Ethnicity by Year



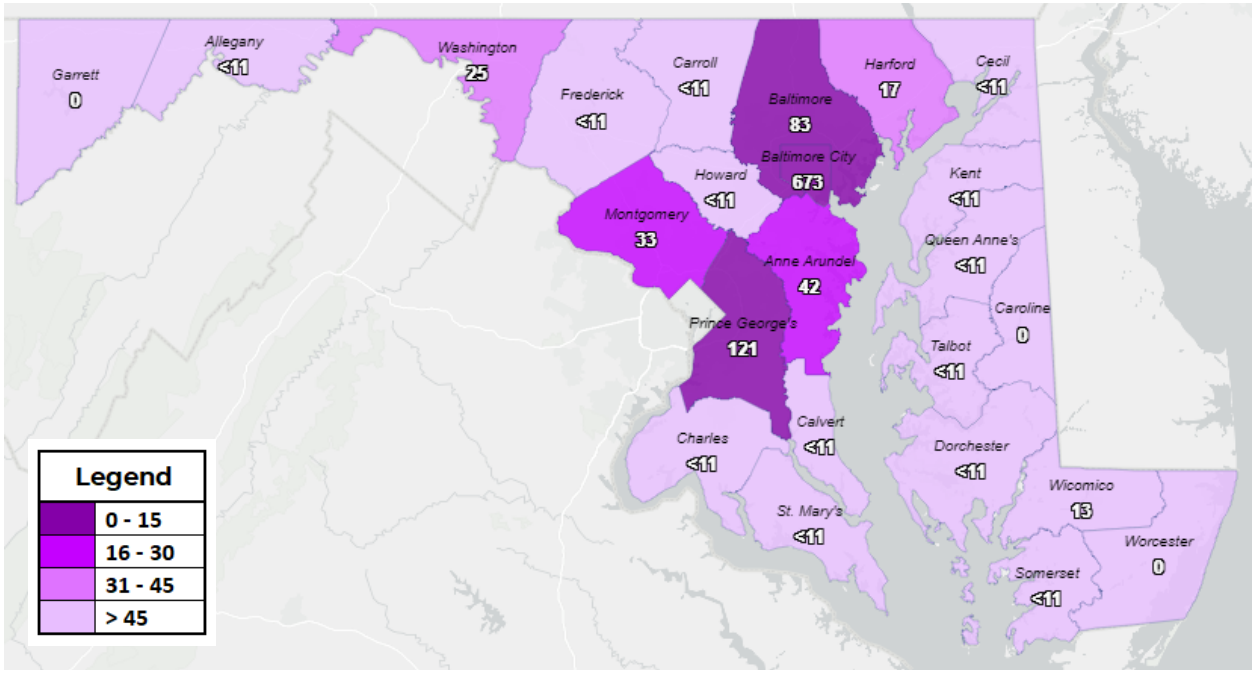
*Data for 2021 are preliminary

In particular, overdose deaths among Black Marylanders increased significantly among individuals aged 55 and older. Between 2016 and 2020, overdose deaths among this cohort increased faster than among any other demographic group.



In 2021, the four jurisdictions with the highest number of opioid overdose deaths among Black Marylanders were Baltimore City (673), Prince George's County (121), Baltimore County (83), and Anne Arundel County (42).

Figure 2. Map – Overdose Deaths among Black Marylanders by Local Jurisdiction in Maryland (2021)



Source: Behavioral Health Administration. Note: cases in which jurisdictions reported fewer than 11 overdose deaths are suppressed in order to preserve personal privacy. Data for 2021 are preliminary.

Task Force Recommendations

The RDTOF identified several opportunities for intervention (i.e., policies and programs) that can be implemented to decrease the widening racial disparities in overdose deaths in Maryland and to begin building more equitable behavioral health and crisis response systems that can meet the needs of all Marylanders.

Intervention Opportunity 1: *Expand Low-Barrier & Holistic Access to Treatment Services*

Broader access to substance use disorder (SUD) treatment and recovery services can help prevent overdose fatalities. Emphasis should be placed on expanding access to MOUD in more settings, such as primary care practices and hospital emergency departments, that can reach more Black Marylanders with OUD and ensure that pharmacies are stocking adequate supplies of MOUD.

Findings from the recent Data-Informed Overdose Risk Mitigation 2021 Annual Report indicate that Black Marylanders may be receiving MOUD less often than their white counterparts. Opportunities remain to increase MOUD access among Black Marylanders and to promote other services that can reduce the impact of overdose-related morbidity and mortality. An equally important component is the accessibility of buprenorphine in pharmacies. State agencies and federal partners have been responding to community feedback about the lack of availability of buprenorphine in pharmacies and are currently developing recommendations to address this issue.

In 2020, Black Marylanders accounted for…

23.6% of buprenorphine recipients

39.0% of overdose decedents

Source: Data-Informed Overdose Risk Mitigation (DORM) 2021 Annual Report

Recommended Actions

1. **Increase Buprenorphine Access for Black Marylanders**

    a. ***Invest in low-barrier buprenorphine access for Black Marylanders with OUD.*** State agencies should support buprenorphine induction in hospital emergency departments as well as in inpatient medical/surgical units by connecting hospitals to primary care programs and mobile and brick-and-mortar treatment programs, which can continue to provide this life-saving medication. Additional focus should be given to promoting the continuity of treatment in the community to promote treatment retention.

    b. ***Identify opportunities to increase the provision of other somatic healthcare through harm-reduction outlets, such as syringe services programs (SSPs)***. Increasing access to somatic care can improve the quality of health of vulnerable populations and can aid in the development of more robust relationships between harm-reduction workers and the individuals that they serve. Initiatives such as the recent pilot program implemented by

the MDH Center for Harm Reduction Services and the Johns Hopkins University School of Medicine to provide telemedicine services through SSPs can be expanded across Maryland to achieve this goal.

c. ***Increase comfort with MOUD prescribing by further investigating barriers for physicians*.** State agencies should work with Maryland Addiction Consultation Services (MACS) to spread awareness about the effectiveness of MOUD treatment, specifically engaging with providers that work with minority communities, and to address any prescriber concerns. The state should provide additional supports to the Maryland Primary Care Program (MDPCP) and non-governmental organizations like the Maryland State Medical Society (MedChi) to increase buprenorphine prescribing among primary care providers.

d. ***Ensure that pharmacies are adequately stocked with buprenorphine.*** With an increase in the prescribing of buprenorphine, equal emphasis should be placed on ensuring that local pharmacies are stocking buprenorphine. Work is currently underway at the Substance Abuse and Mental Health Services Administration (SAMHSA) to explore barriers to pharmacies stocking buprenorphine. Maryland should consider recommendations that will be released by SAMHSA to address this concern.

2. Expand Trauma-Informed Care

a. ***Promote Trauma-Informed Care for people who use drugs through Adverse Childhood Experiences (ACEs) organizational assessment and trauma screenings.*** There is a wide body of research evidence that demonstrates a strong relationship between opioid addiction and other substance use with exposure to trauma and toxic stress, particularly adversity experienced in early childhood. Among people who use drugs, individuals who experienced multiple ACES are more likely to experience the negative consequences often associated with addiction, including loss of employment, poor physical and mental health, suicide, and disrupted social and family relationships. Population surveys have estimated that up to 75 percent of individuals with substance use disorders have experienced one or more ACE in their lifetime, and estimates are even higher among those receiving opioid use disorder treatment. In 2021, Maryland established the Trauma-Informed Care Commission and directed all state agencies to ensure that staff are trained in ACEs science and trauma-informed principles and practices and to develop agency trauma-informed action plans. The Governor's Office of Crime Prevention, Youth, and Victim Services is coordinating the work of the Trauma-Informed Care Commission and working with state agencies to promote the wide-scale adoption of trauma-informed care practices across all state agencies and Maryland's healthcare system. BHA also recently partnered with the University of Maryland School of Medicine to launch a multi-year behavioral health ACEs and Trauma-Informed Care Data to Action Initiative. The primary aim of this work is to enhance awareness of ACEs science and promote the adoption and use of evidence-informed, trauma-informed care approaches

and practices within the Maryland Public Behavioral Health System through training, enhanced data analysis and data to action strategies, organizational assessment, and targeted technical assistance.

Intervention Opportunity 2: *Reduce Stigma for People who Use Drugs*

Stigma surrounding SUD treatment and recovery services can act as a barrier for individuals living with the disease of addiction. Stigmatizing language can also alienate and demean individuals that might otherwise seek somatic or primary care and other services. Destigmatizing the language surrounding the provision of care for individuals with SUD can facilitate more open discussions between patients and providers, increasing opportunities to make connections to behavioral health services.

Having credible voices, such as certified peer support specialists and individuals with lived experience, in key settings can increase trust among individuals who are receiving care when making referrals to treatment or recovery services.

Recommended Actions

1. **Reduce Stigma Surrounding SUD among Healthcare Providers**

    a. ***Promote training on destigmatizing language for healthcare providers*****.** People who use drugs frequently encounter healthcare professionals for the diagnosis and treatment of non-substance-related conditions. These encounters present opportunities for healthcare providers to screen for SUD conditions and to provide a brief intervention, including the initiation of medication or referral to treatment. However, individuals who use substances have frequently reported (and research has shown) that many healthcare providers have stigmatizing attitudes about people who use drugs and the treatment of substance use disorders. These attitudes can pose barriers to those seeking care as well as the offering of care. The use of stigmatizing language in these settings, such as language that elicited shame or feelings of personal moral failing for having a chronic, relapsing, and treatable behavioral health disorder, can discourage individuals with SUD from seeking care in the first place.[1]

    b. ***Promote adoption of person-centered language.*** Person-centered language (i.e., “person with substance use disorder” or “person who uses drugs”) can help reduce stigma by acknowledging the individual instead of placing emphasis on their diagnosis or their behavior. Not only does person-centered language more accurately describe an individual's medical diagnosis, it increases respect for each individual’s dignity and self-worth.

[1]https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

c. ***Promote wide-scale adoption of implicit bias training and National Culturally and Linguistically Appropriate Services (CLAS) Standards among healthcare practitioners.*** Black people who use drugs, particularly those who use opioids, are often not seen through the same lens as their white counterparts who have prescription pain medications use disorders or whose substance use disorder began due to a pain condition that required treatment with prescription narcotics.[2] This implicit bias, which has also been documented in the literature, contributes to differential responses on the behalf of healthcare workers and, therefore, outcomes of Blacks with opioid use disorders (i.e., they are less likely to be offered medications like buprenorphine for their opioid use disorder).[3,4] Addressing race-based stigma is critical for closing the disparity gap in access to care, quality of care, and outcomes. Implicit bias training can help practitioners recognize biases that they may hold and be unaware of that can impact their quality of care for Black communities. These training opportunities can help individuals recognize bias and take measures to counteract it when delivering care. National CLAS standards can also help advance health equity at the organizational level. Efforts such as institutionalizing leadership standards that promote health equity, recruitment of individuals from diverse backgrounds, and implementing ongoing education regarding culturally and linguistically appropriate practices can help organizations to better connect with the communities they serve.

2. Leverage Individuals with Lived Experience as Credible Messengers in Key Settings

a. ***Place individuals with lived experience with SUD in key settings.*** These individuals, such as peer recovery support specialists, are in a unique position to support individuals living with SUD. Using their own knowledge of navigating the behavioral health system, people with lived experience with SUD can help engage individuals where they are in their drug use to provide supportive relationships. Placing peers in settings such as hospital emergency departments, harm-reduction programs, correctional facilities, and other locations frequented by individuals at high risk for experiencing an overdose will increase opportunities to make connections to care.

3. Increase Meaningful Engagement with People with Lived Experience

a. ***Increase efforts to solicit community feedback.*** Communities know better than anyone else about the unique circumstances that affect individuals in their area. Government leaders should make continuous efforts to solicit feedback directly from community members about how to best support individuals living with substance use disorders in their neighborhoods. Town hall-style events, such as the recent Maryland Stop Overdose Strategy Regional Town Hall Series, can help government officials stay in touch with the real-world circumstances that affect Black Marylanders in their communities. The Opioid

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6384031/
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7490831/
[4] https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2732871

Restitution Fund (ORF) Advisory Council, which was established this year with the passage of House Bill 794 to provide recommendations on the use of legal settlement funds received from prescription opioid manufacturers and distributors, can also work to ensure that input from affected communities is always considered when allocating resources.

Intervention Opportunity 3: *Increase Harm-Reduction in Non-Traditional Settings*

Harm-reduction services aim to meet people who use drugs "where they are" by offering a spectrum of services, including targeted naloxone and fentanyl test strip distribution, both in physical locations frequented by people who use drugs and as well as wherever someone may be on their path to recovery. Strategies that reduce harms related to drug use provide an opportunity for individuals who use drugs to engage with systems of care in a dignified manner. Increased interactions with systems of care, in turn, not only improve well-being, they increase the number of opportunities to make referrals to behavioral health treatment and recovery services.

Recommended Actions

1. **Expand the Provision of Harm-Reduction Services in Criminal Justice Settings**

    a. ***Increase the provision of harm-reduction services in drug courts.*** Drug courts offer justice-involved individuals with substance use disorders an alternative to incarceration. This system acknowledges SUD is often a contributing factor for criminal activity, and it acknowledges SUD as a treatable, chronic relapsing disease. Offering harm-reduction services, such as fentanyl test strips and naloxone distribution, in drug courts would be an additional measure that acknowledges the realities of the disease of addiction and can help prevent overdose deaths. State officials should collaborate with the office of problem-solving courts to increase awareness of harm-reduction programs and increase the provision of informational resources. Key partners should also work with the Maryland Correctional Administrators Association (MCAA) and the Maryland Department of Public Safety and Correctional Services (DPSCS) to expand harm-reduction services in correctional settings to reach at-risk populations.

2. **Increase Street-Based Outreach by Trusted Community Members to Ensure that Harm-Reduction Supplies Reach the Most At-risk Populations**

    a. ***Promote street-based outreach efforts.*** Programs, such as backpack models of harm-reduction services, can reach individuals with substance use disorders in the areas where they frequently visit. Trusted community members and credible voices, such as peer support specialists, can help ensure that these efforts reach the individuals that are most at risk for overdose before waiting for individuals to visit a brick-and-mortar harm-reduction service provider. State entities should continue to work with local

partners to find opportunities to expand innovative outreach models throughout the state, focusing on areas where Black Marylanders are the most impacted.

3. **Embrace Innovative Mechanisms to Reach People with Harm-Reduction Supplies**

    a. ***Place harm-reduction vending machines in locations where there is a high prevalence of drug use.*** Innovative methods like vending machines can increase the opportunities for individuals who use drugs to access harm-reduction supplies, which can help decrease the risk for fatal overdose as well as morbidity associated with intravenous drug use. State leaders should also work with the DPSCS to assess the feasibility of placing harm-reduction vending machines in correctional facilities.

    b. ***Increase the provision of services through harm-reduction programs.*** Increasing the availability of supportive services, such as case management, housing assistance, childcare, and medical care, can increase the opportunities to make connections to behavioral healthcare services while also building trust.

    c. ***Continue to assess other innovative harm-reduction methods that can help reduce morbidity and mortality.*** Generational poverty, disenfranchisement, and a lack of trust in the healthcare system contribute to racial disparities in overdose deaths. State-level organizations should conduct a feasibility study on innovative, evidence-informed harm-reduction initiatives that provide a spectrum of services to address these realities. The feasibility study should include community stakeholder input into proposed interventions.

Intervention Opportunity 4: *Increase Transparency in State & Local Resource Allocation*

Increasing buy-in and input from the communities most affected by the overdose crisis can help governmental organizations tailor interventions to the unique needs of those communities. Leaders at the state and local level can increase this partnership by ensuring that resources are allocated to address overdose morbidity and mortality transparently. This can increase trust and partnership among community members and increase support for efforts to address disparities in overdose outcomes.

Recommended Actions

1. **Impact Statement on How Funding Will Address Racial Disparities**

    a. ***Require impact statements that consider demographic information for grant applications.*** When requesting funding, grant applicants should provide an impact statement to illustrate how their efforts to address overdose mortality align with the needs of their communities. Impact statements should describe the characteristics of their target population in detail to ensure efforts do the most to support those at the greatest risk for overdose.

b. ***Assess fund distribution by demographic impact.*** Grantmaking organizations, such as local Behavioral Health Authorities (LBHAs) and Local Addiction Authorities (LAAs), should analyze how their funding is allocated by demographic groups. Greater knowledge of the communities that are being served in a given jurisdiction can help ensure more equitable resource allocation and bring attention to communities that might be underserved. The Opioid Operational Command Center (OOCC), which is Maryland's principal interagency coordination body for the state's response to the opioid crisis, can also work with all state grantmaking agencies that support programs related to overdose mortality to ensure that they incorporate demographic reporting requirements into their grant programs.

2. Designate Equity Coordinators

a. ***Utilize equity coordinators to inform high-level strategy.*** State-level agencies should consider designating equity coordinators who can help foster authentic relationships with Black communities. These relationships can help state officials better understand the needs of affected populations, thereby allowing them to tailor state-level efforts to better address racial disparities in overdose outcomes. The OOCC would be well-positioned to promote the use of equity coordinators among all state agencies that are working to address overdose mortality. The OOCC can also promote the broader adoption of health equity considerations in all state-level policies related to overdose morbidity and mortality.

3. Improve Data Collection by Race/Ethnicity

a. ***Expand the collection and analysis of demographic data.*** Detailed information regarding race/ethnicity can help government officials better understand the populations they serve. Without this understanding, policies and programs risk overlooking racial disparities in service provision, leaving Black communities underserved or ignored. State leaders should help to harmonize the efforts of coordinating bodies, such as the Data Advisory Committee of the Maryland Commission on Health Equity (MCHE) and the Health Equity Resource Community (HERC), to evaluate the impact of substance use disorder programming by race/ethnicity and to identify ways to incorporate more data regarding race/ethnicity into high-level decision making. Once available, agencies should adopt MCHE data findings and policy recommendations to help calibrate programs to better address health equity.

b. ***Share demographic data with local partners.*** Detailed demographic data can also help ensure that funding distributed to local jurisdictions can do the most to address racial disparities. This data should be shared with local partners to help them calibrate their programs to address the needs of disproportionately impacted populations.

Conclusion

As this report illustrates, there are a variety of actions that Maryland can take to immediately address increasing racial disparities in overdose deaths. Some of the recommendations outlined above can be implemented with little-to-no financial investment. Other recommendations will take a significant and sustained commitment from state-level organizations and may require identifying additional sources of funding. While these recommendations are not intended to be exhaustive or uniformly applicable across all organizations and communities, the RDOTF is confident that, if broadly implemented, they will be a significant step in the right direction.

The factors contributing to health disparities are complex, deep-rooted, and dynamic. As such, the necessary solutions will need to be comprehensive, nimble, and coalitional to meet the scale of this challenge. The actions that state and local government agencies take today can be the down payment toward building more equitable systems that meet the needs of all Maryland communities both now and in the years to come. Any efforts without the full buy-in from state-level leadership will be significantly delayed or obstructed.

The IACC and the OOCC should ensure that all government agencies engaging in opioid crisis response programming evaluate how to implement these recommended actions wherever appropriate. The IACC and OOCC can also help to promote the adoption of these recommendations, engaging with partners to evaluate the extent to which these efforts are already being implemented and to track the implementation of these actions.

Efforts to evaluate racial disparities in overdose outcomes also need to be an ongoing process. The State of Maryland cannot afford to take a passive approach to address these challenges. Bodies such as the Maryland Commission on Health Equity should routinely engage with affected communities and governmental organizations to assess the impacts of substance use on Maryland's minority communities and to continue to identify ways to ensure equitable access to care.

Acknowledgments

We would like to thank those who supported the task force by serving as leaders of workgroups, and participants. We are also appreciative of Stephanie Slowly and Abigail Gadbois of the Behavioral Health Administration and Marianne Gibson from the OOCC for their leadership with guiding the direction of the task force and for providing staffing support. Additionally, thank you to Brandi Cahn and Michael Coury from the OOCC for providing administrative and communications support.